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## **Language Matters in Counselling Diversity**

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### Abstract

The paper presents a personal view of some issues around therapeutic conversations involving difference and minority experience. Language, discourse and mother-tongue are explored from different theoretical standpoints and considered alongside concepts of difference, otherness and the unvoiced. Intercultural counselling offers a framework for unpacking the meaning of decolonising practice in conversations with clients or counsellors from ethnic or other minorities undertaking counselling or supervision. I discuss possibilities for practice informed by existential and hermeneutic phenomenology, including gestalt therapy interventions to bring in the body alongside discourse, and phenomenological empathy as a non-colonising resource in working across difference and diversity.

Keywords: difference, discourse; intercultural counselling, minorities, phenomenology

### **Language Matters in Counselling Diversity**

This paper presents a personal view of some issues around intercultural counselling and conversations across difference including minority experience. I speak from my own experience of diasporic identity as first generation British-born Chinese. This bi-cultural experience has played a part in shaping my interest in the limits of language and the talking cure. Migration and immigration are sensitive topics in the current political climate that require specialised therapeutic consideration (e.g. Apostolidou, 2015). While relevant to our and particularly our parents' experience they are not the focus of this paper. My perspective is on the minority experience and minority identity which is already permeated with the discursive hegemonies of the host or majority culture e.g. white, heteronormative, patriarchal, or matriarchal. This paper is an attempt to articulate from lived experience. I provide some clinical vignettes and deliberately refrain from commenting on these further, leaving them open for the reader, along with the essential ambiguity at the heart of minority stress and distress.

Ricoeur (1974) offered a philosophical analysis of therapeutic conversations that I take as a starting point. He said that consciousness is not a given but a problem and task, and that 'the genuine *Cogito* must be gained through the false *cogitos* which mask it' (p.161). The special, hybrid nature of therapeutic dialogues (causal and teleological) is consistent with a post-phenomenological view of consciousness as constant work, tarrying between authentic and inauthentic, never settled (e.g. Cayne & Loewenthal, 2007). It challenges the view of the authentic as somehow already extant (even imagined) awaiting discovery, a view tantamount to a naive humanism and inherently ethnocentric (Moodley, 2007; Smith, 2012). From my own experience as a minority ethnic academic and practitioner in the field, I aim to enquire into some of the complexities inherent in doing psychotherapy and counselling in a language different from one's mother-tongue and in a culture different from one's culture of origin. If Ricoeur's genuine cogito is masked by false cogitos for clients attempting counselling in their mother-tongue viz., the language which encoded their

first affects, felt sense and language of tenderness, what of clients attempting to speak themselves authentically with discourses from another language and culture. I argue that their inarticulate voices risk being colonized even further by hegemonic discourses – perpetuated perhaps unintentionally by their own counsellor, which may be the very source of their alienation (Butler, 1997; Moodley, 2007). I do not eschew the words authentic and inauthentic, because I believe that many people from minorities grapple with these in a very real sense. For example, it has been argued that diasporic identities, such as following migration and emigration, are essentially fluid, intersections of massive social forces, unstable, always on the move, understood better in terms of disruption and uncertainty, rather than as stable discursive or narrative achievements (Frosh, 2010).

### **Phenomenology and minority experience**

*Clinical vignette: In a group supervision Supervisee A (racial minority, male) says tentatively: “My clients aren’t coming back after the first session. I’m wondering if it’s because of my race.”*

*Supervisee B (white, female) replies angrily: “How do you know it’s got anything to do with your race – it could be the colour of your socks, or the fact that you wear glasses!”*

My own theoretical perspective is informed by hermeneutic and existential phenomenology (Gadamer, 1960/1989; Heidegger, 1927/1962; Merleau-Ponty, 1945/1962; Ricoeur, 1970; Sartre, 1945/2003) and my therapeutic practice has focused on counselling across culture and sexuality. In clients for whom the recognition of otherness is vital, the work is facilitated when the counsellor or supervisor is able to hold at least one of the poles of difference. In other words, able to reflect ‘I am different from You’ in addition to ‘You are different from I’. How to embody this horizontality is easier to say than to achieve. Ethnocentricity is a significant source of stress for minorities burdened with carrying both the poles of difference, or else their difference is invisibilised or consigned to rhetoric, though it is perpetually incarnated by the body and discourse (Neville, Spanierman & Doan, 2006; Pascoe & Smart, 2009). As a relative newcomer to the field with a foot in two cultures,

who speaks and thinks in discourses that are not my mother-tongue, the opportunity to put into abeyance, lay bare, and to trouble ethnocentric, institutional discourses concerning healthy and good experience is a vital part of my engagement with the field. Hermeneutic phenomenology, which informs my philosophical orientation, practice and research methodology, posits an ongoing examination of the self and the fore-understanding, in the engagement with the other, as crucial to the work. Gadamer (1989) states ‘the person who is trying to understand is always projecting a meaning [...] as soon as some initial meaning emerges, [and] working out his fore-projection, which is constantly revised in terms of what emerges, as he penetrates into the meaning, is understanding what is there’ (p. 267). Thus self-understanding – as constantly on the move and as an inextricable part of other-understanding – is key to this approach and integral to its methodology. My clients’ experiences (and my own) include dislocation and deracination from cultural roots, cultural wisdom, and the wisdom of two generations of lost role models (e.g. Bhugra & Becker, 2005; Clayton, 2014). Their counselling includes the attempt to make sense of minority stress in a foreign language with a colonial history and etymology, using discourses that may often sustain the marginalisation of difference. This paper is an attempt to articulate an awareness of lack — the ‘mono’ as opposed to ‘stereo’ as one participant put it, in the mono-lingual, mono-cultural counselling setting (Dewaele & Costa, 2013, p.47). It is also an opportunity to dialogue with the literature and with other practitioners around these issues.

### **Discourse as disclosure and foreclosure**

Heidegger’s (1927/1962) epoch-making work *Being and Time* was concerned with the dialectic between authentic and inauthentic as an essential theme of *Being* (personhood) that was influenced to a degree by Taoism and Eastern philosophy. The sections concerning Dasein’s historicity are an acknowledged inspiration to Foucault’s work on the genealogy of consciousness. The work provides a fascinating analysis of discourse as a mode of understanding, distinguishing between idle talk (essentially talk about talk) and authentic speech – which discloses being. It placed silence at

the centre of discourse in that only the being capable of withholding discourse is capable of discourse, that is, of having something to say. The conscience – the mysterious call from the self to the self from within and without, he said, is not a discourse. Being authentic amounted to a readiness to hear (*hearken*) the inner call which ‘has not been formulated in words’ (Heidegger, 1962/1927, p. 318). The influence of hermeneutic phenomenology on gestalt therapy, my own practice modality, can be seen in the gestalt therapist’s discouragement of ‘affectless verbalizing’ (*talkabout*) in favour of existential contact, in the variety of forms it takes, verbal and nonverbal (Perls, Hefferline & Goodman, 1951/2006, p. 321). Implicit in the phenomenological conceptualisation is that being can be covered up by anonymous ways of knowing perpetuated by ‘averaging’ discourses such as institutional clichés, roles and matrices of social relations (Heidegger, 1927/1962, p. 211). The appeal to primordial speech chimes with my own understanding of the therapeutic conversation, formed against a background of struggle to speak myself out of colonisation with discourses that are not my mother-tongue.

### **Foreclosing lived experience**

*Clinical vignette: At the beginning of one-to-one supervision in the supervisor’s own home:*

*Supervisee (non-white, male) enters the room, sits down, does not make eye contact, looks around the room. Supervisor (local, white male) opens with: “You’re doing that weird thing again.”*

The poststructuralist turn to discourse in counselling and psychotherapy has undoubtedly enriched our purview on how psychological work is achieved through language (e.g. Avdi & Georgaca, 2007; Besley, 2002; Cornforth, 2010; Winslade, 2005). In my experience the pendulum can swing too far – to the de-centred text away from the speaking person, to the ‘said’ rather than the ‘saying’ (Nolan, 2016, p. 311). This is particularly damaging for minorities whose *face* can be forgotten. Levinas (1982/1985) states ‘Face and discourse are tied. The face speaks. It speaks, it is in this that it renders possible and begins all discourse’ (p. 87). The linguistic reductionism that

equates indiscriminately the person with their text risks abrogating the disclosive act of speaking – speech to exist the self as a matter of urgency, rather than as the performance of a socio-political discourse. My critique is that for clients from minorities, a majority counsellor's discursive focus may unintentionally further suppress or further oppress the tenuous voicing of the struggle, as one émigré put it, of 'how to be ourselves in their world' (B. Cervenak, personal communication, 20<sup>th</sup> February 2015). A different style is required, one that goes beyond the conversational racetracks (Stokoe, 2016). Butler (2004) suggests 'One would need to hear the face as it speaks in something other than language to know the precariousness of life that is at stake [...] We would have to interrogate the emergence and vanishing of the human at the limits of what we can know, what we can hear, what we can see, what we can sense' (p. 150-151). Speedy (2005) has argued in this regard that the poetic rather than the prosaic, as attempts at new meaning, can be a more powerful means of working with the inarticulate and inarticulable. Heidegger eventually abandoned the final section of *Being and Time* and turned to poetry instead in later work, no longer believing that being could be expressed in prose.

### **Disclosing lived experience**

The complex and elusive attempts to disclose being through words, which is the task of hermeneutic phenomenology, may serve as a metaphor for therapeutic work with minorities. For the culturally dislocated and deracinated, attempts to exist in-between cultures can be beyond the grasp of language, either of the host culture or the culture of origin. Nolan (2016) states that we can begin to attempt to address the complexity by avoiding definition 'by using an elliptical and elusive application of language in order to avoid undue concretising in the said [...] which endlessly runs up against the limits of language' (p. 312). Clinical phenomenology, as exemplified by some interventions in the gestalt therapies, offers the practitioner a foothold into the intersubjective unknown in the encounter with the client (Yontef, 1979; Yontef & Fuhr, 2005). Especially when these interventions come from an understanding of *disclosedness* as a philosophical attitude rather



than a set technique (Heidegger, 1927/1962, p. 171). In the safe emergency of the therapeutic situation the existential meeting can support something genuinely new to happen that points to another way of living (Perls, Hefferline & Goodman, 1951/2006, p. 288). The work is an experiential enquiry that is not principally intellectual or discursive. The golden principle in gestalt therapy of not interpreting, which includes not paraphrasing, is especially important when counselling across existential difference. ‘There is an abiding beauty which may be appreciated by those who will see things as they are and who will ask for no reward except to see’ (Vera Brittain, n.d.). Phenomenological work implies seeing the client rather than our formulations, tarrying alongside more than intervening, and in clinical research a disclosing of the phenomenon as a priority over the practice implications. These principles can be life-savers when working with the alienated or oppressed including ethnic, racial, and sexual minorities. I mention these together because they constitute my practice experience and not to imply that they are merely differently the same. On the contrary, I have attempted to articulate how existential difference is more than socio-cultural and discursive difference. Being in the world as bodies, finite and politicised, we are not interchangeable placeholders for subject positions in discourses, as is sometimes argued (Davies & Harre, 1990).

### **Colonising and assimilating**

*Clinical vignette: In a group supervision consisting of five women and one man: Counsellor A (non-white, man) says at check-in “I’m feeling very alone, outnumbered, and scared”. Counsellor B (white, woman) responds “It’s like you feel really young, uncertain, and as if you’ve no right to be here”. Counsellor A protests “No, it isn’t like that.”*

Ricoeur (1970) has distinguished between a hermeneutic of empathy and a hermeneutic of suspicion which I have found useful in conceptualising the attempt to understand another’s lived experience. Both are integral to ethical therapeutic practice but belong in different domains and

require different discipline. In the face-to-face encounter with one attempting to voice the inarticulate a hermeneutic of empathy takes precedence over suspicion. A hermeneutical empathy prioritises the client's own internal meanings over external ones such as meanings derived from theory or supervision. The attitude is one of learning from the client in the 'adequate state of not-knowing' (Casement, 1985, p. 4). Hermeneutical empathy is a recollection of meanings on behalf of the client from within the client's lifeworld rather than without. 'I have to hear them before I hear myself' is how one counselling student put it' (Author citation 2013). It is a collecting-up of fragments of the client's own 'talk that sings' and a deliberate refraining from paraphrasing these with the counsellor's familiar discourses (Bird, 2000, as cited in Speedy, 2005, p. 285). The therapeutic work consists in a giving back subjectivity to the client in their own fragments of voice un-narrated. In this way the counsellor supports the client's temporalising of being and building-up of self-identity across sessions over time. The hermeneutic of suspicion, by contrast, is a bringing into contact the client's subjectivity (and the counsellor's) with external theory and discourse, typically in the supervisory reflection (e.g. Stedmon & Dallos, 2009). Sartre (1945/2003) described this important step as the move from *understanding* into *knowledge*. The presumptive use of 'knowledgeable' suspicion in face-to-face work with the client from another culture – offering narratives where none should be found – is both colonising and ethnocentric (Smith, 2012). One Chinese scholar of psychoanalysis, for example, is said to have found the psychosexual theories 'preposterous' (Osnos, 2011, p. 56). Smith (2007) has contrasted in this regard phenomenological with psychoanalytic interpretation, the latter as prototypically suspicious in that it prioritises the analyst's meaning making over the client's. Much, however, may depend on the therapist's style rather than theoretical orientation.

In terms of the therapeutic intervention, the phenomenologically guided gestalt therapist may notice and describe his or her awareness in the present moment and encourage the same in the client. Typically, he or she may support awareness of features of speech, perception, and body

process, his own and the client's, and abstain as far as possible from moving into a discourse of interpreting or judging. There is a deliberate intention to meet the client where they are, and to build up collaboratively a phenomenology of what it is like being together here and now (Perls, Hefferline & Goodman, 1951/2006). In therapeutic work with minorities this can help guard against the annihilation of otherness or its assimilation into the counsellor's own meanings (Frank, 2001). This way of working shares some principles with body-centred humanistic practices, which are not particularly new to health professionals. My purpose is to highlight the phenomenological epistemology on which the work is based and to distinguish it from a positivist epistemology which reifies difference as a content to be deciphered or diagnosed. Heaton (2010) has articulated the latter eloquently as an interpretative conflation: between the belief that different clients' problems are the same, with the sameness that is in our counselling discourses. Encountering difference on this view, the therapeutic conversation becomes an arena for developing truthfulness in speech rather than a search for underlying truth. The art of speaking truthfully, which he called 'elucidation,' is very different from therapeutic dialogue modelled on the principles of scientific discovery (Heaton, 2010, p. 97). Gadamer (1989) states in this regard that understanding is 'always more than merely re-creating someone else's meaning [...] To reach an understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one's point of view, but being transformed into a communion in which we do not remain what we were' (p. 375).

### **Inarticulate and inarticulable**

The struggle with minorities, before counselling can even begin, is how to speak from one world into another through the illusions of language. Wittgenstein (1953) states 'If a lion could speak, we could not understand him'. I think it is salutary sometimes to hold this image during therapeutic encounters to remind us that the other lifeworld veiled in familiarity by language, may be radically different to our own. The gulf between the self and the other has been addressed from different disciplinary perspectives (e.g. Mann, 2001). In psychotherapy, Owen (1991)

conceptualized the role of speaking as functioning like a sixth sense. He said that words do not only represent experience but constitute and shape it in the philosophical sense that our vision emigrates into the world. Owen's 'clean language' offers examples of interventions that invite an intra-psychic attitude which avert as far as possible the inter-psychic demands of everyday, average discourse (Owen, 1991, p. 316). These everyday structures of talk, whose meanings are already inaugurated, close-off the potentiality for speech to disclose the not yet. In cross-cultural conversations, whether culture with a capital 'C' or small 'c', the boundary between language and experience may not be seamless. Something is lost in translation which may be vital to the life. If the something-else that is the constant shadow of every something in the culturally bereaved goes unrecognised, the client's very participation in the talking cure can become another alienation. Attending to otherness includes the inaugurating of new language, new thought-language, the building up of allusive voicing and the rebuilding of collapsed inner speech (Gurevich, 2008; Leseho & Block, 2005). In existential phenomenology speech is merely one mode of a bodily expression. The concept of 'falling' expressed Dasein's falling away from itself into anonymous, e.g. tokenistic, ways of seeing, speaking and knowing (Heidegger, 1927/1962, p. 219). Similarly, as counsellors, we need to be alert to discourse that is concealingly over-familiar, which *speaks us* rather than *is spoken* by us. Therapeutic conversations are not only a re-storying of experience in pursuit of the liberating narrative, as if counselling were merely the exchange of one kind of cultural dope for another (Garfinkel, 1967; Winslade, 2005). The natural reaction to correct a non-native speaker's language can, in the therapeutic situation, subtly cross a threshold. It can cross unwittingly from correcting language to correcting thought-language. Speedy (1995) observed in her work with poetic documents that counsellors who paraphrase with words that are not the client's own could suddenly deaden the original 'talk that sings' (p. 295).

I do not advocate a non-discursive approach to intercultural counselling, which is unintelligible. Rather, an increased awareness of the non-discursive as the minor term in the binary

with discourse. The ‘third ear,’ already known to health professionals, is attuned to the nuances of the strange, unspoken and silence (Adams, 2010; Gendlin, 2003; Laub, 2006; Reik, 1948/1972). Discourse and narrative methods which deconstruct our ways of knowing are of course important in re-constituting identities, especially after cultural dislocation (Avdi & Georgaca, 2007; Besley, 2002). Over-zealous gestalt interventions, in this regard, that discount the cross-cultural client’s attempts at narrative which are dismissed as talkabout, abrogate otherness no less than the counsellor who regards therapeutic work with minorities as nothing more than seeking after narratives. A middle way is required that upholds both terms in the binary. Phenomenological openness stays alert to strangeness, even delights in it as benediction. A helpful image is the stranger in a foreign land. He or she has only rudimentary language and bodily expression with which to exist the absent and contradictory part of their being. According to Butler (1997), liberation through language is a delicate, subtle, sometimes alienating undertaking. The more so for minorities, of any difference, whose unarticulated lifeworlds may lack discourses save those which sustain their own subjugation. The only possibilities for resisting subjugation she says are ‘acts of disavowal’ through partial reciting, remaining silent, and any other means of ‘short-circuiting regulatory power’ (p. 82). With only such devices, however, counselling or psychotherapy, as we know it, is clearly unsustainable. The client does not return, or never makes it through our doors. Openness enquires into the gaps in being that lack referents. Frosh (2010) has described murmurs — the undersides of words, the need to attend to the non-discursive and pre-discursive that may provide the beginnings of an alternative:

The one who understands is not extracting the abstract form out of the tone, the rhythm, and the cadences — the noise internal to the utterance, the cacophony internal to the emission of the message. He or she is also listening to that internal noise — the rasping or smouldering breath, the hyperventilating or somnolent lungs, the rumblings and internal echoes — in which the message is particularized and materialized and in which the empirical reality of something indefinitely discernible, encountered in the path of one’s own life,

is referred to and communicated. With this internal noise it is the other, in his or her materiality, that stands apart making appeals and demands.

## Conclusion

In this article I have articulated a personal view. I am aware of the myths of essentialism and limitations in speaking of therapeutic work with minorities in generalised terms. For a contrasting, although in my view not incompatible approach, see Apostolidou (2015). Cross-cultural conversations are elusive, that alongside minority distress can reactivate originary loss both real and idealised. The implication is for counsellors to be open to the ambiguity in the borderlands which over-familiar discourse may foreclose: borderlands between being and not being, thing presentation and word presentation. Derrida said that deconstruction resists definition by any *is* (Dick & Wolfreys, 2013). This exploration of decolonising practice ends with questions not answers, and an invitation to body forth the enquiry: How do you embody openness to radical otherness in your practice? How do you stay alert to colonising or assimilating the other's voice? How do you embody supportive presence without anonymous talk? Is there space in your practice for the moment of vision beyond familiar discourse? Can you honour the client, even voiceless, as a sovereign consciousness able potentially to destabilise your own worldview?

The counsellor perhaps, not the client, is the stranger in the foreign land. We find our perception, speech and morality constantly missing the mark. We can't feed ourselves. Eventually the strangeness of dislocation mollifies and we breathe. Morality, which we held immutable, no longer jars. Not through atrophy, the reverse: we notice a new harmony unknown before, a reconfiguration of the whole. It has been said that claiming an authentic subjectivity through language, in spite of language, is a lifetime's work.

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